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NO

YES

US030262 George

MARMAROPOULOS,

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION FOR UTILITY OR

DESIGN PATENT APPLICATION

Prior Foreign Application Number(s)

Attorney Docket Number

First Named Inventor

(37 CFR 1.63)	COL	MPLETE IF KNOWN
	Application Number	1
☑Declaration ☐Declaration Submitted OR Submitted after Initial	Filing Date	
With Initial Filing (surcharge Filing (37 CFR 1.16 (e))	Group Art Unit	
required)	Examiner Name	
	•	
As a below named inventor, I hereby declare that	at:	
My residence, post office address, and citizenship a	are as stated below next to	o my name.
I believe I am the original, first and sole inventor (if only on are listed below) of the subject matter which is claimed and	e name is listed below) or an	original, first and joint inventor (if plural names
MAGNETIC ELECTRICAL INTERCON		on the invention entitled:
,	5 .	
		9
`	e Invention)	
is attached hereto		
OR was filed on (MM/DD/YYYY)		
was filed on (MINIDD/1111)	as United States App	lication Number or PCT International
Application Number and	was amended on (MM/DD/YY	YY) (if applicable).
I hereby state that I have reviewed and understand the content specifically referred to above.	nts of the above identified spe	cification, including the claims as amended
I acknowledge the duty to disclose information which is mater applications, material information which became available bet international filing date of the continuation-in-part application.	ial to patentability as defined ween the filing date of the pri	in 37 CFR 1.56, including for continuation-in-part or application and the national or PCT
I hereby claim foreign priority benefits under 35 U.S.C. 119(a breeder's rights certificate(s), or 365(a) of any PCT internation States of America, listed below and have also identified below breeder's rights certificate(s), or of any PCT international application.	onal application which design v. by checking the box any fo	nated at least one country other than the United

[Page 1 of 2]

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Country

Foreign Filing Date (MM/DD/YYYY) Country

Priority

Not Claimed

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Address: P. O. Box 3001						
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Country U.S.A.	Telephone: (9					Fax: (914 332-0615
I hereby declare that all statements made herein of my own believed to be true; and further that these statements were punishable by fine or imprisonment, or both, under 18 U.S. application or any patent issued thereon.	made with the kno	owiladae	a that wilf	ful folco ci	tatam	sonto and the Clinica and the con-
NAME OF SOLE OR FIRST INVENTOR:	A petitio	n has	been f	filed for	this	unsigned inventor
Given Name George (first and middle [if any])			nily Nam Surname		ARM	1AROPOULOS
Inventor's Signature				Date	K	8.19.04
Yorktown Heights	NY		U.S	6.A.		Greece
Residence: City	State		Count	try		Citizenship
2145B Saw Mill River Road						
Mailing Address						
Yorktown Heights	NY		1059	8		U.S.A.
City	State		Zip			Country
NAME OF SECOND INVENTOR: A p	etition has bee	en file	d for th	is unsiç	ned	l inventor
Given Name GIANG TRUONG (first and middle [if any])			ily Nam urname		VL	J
Inventor's Signature				Date	K	8/19/04
NEW YORK	NEW YORK	_	USA			GREAT BRITAIN
Residence: City	State]	Count	try		Citizenship
1 LAKEVIEW DRIVE, APT. 6F						
Mailing Address	T					
NEW YORK	NEW YORK]	10566	ı		U.S.A
City	State		Zip			Country
Additional inventors are being named on the	supplemental A	.ddition:	al Invento	or(s) shee	t(s) P	PTO/SB/02A attached hereto

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>

Name of Additional Joint Inventor, if any:		☐ A pet	ition has been fi	led for this unsigned inventor
Given Name (first and middle	e [if any])		Fa	amily Name or Surname
JACK KYRIAKOS	,	MAMA		miny manner of the manner of t
Inventor's Signature Lane lyn	des Ma			Date 0-10-08-09
Residence: City	ENGLAND StaTe	Country	GREAT BRITAIN	GREAT BRITAIN
Mailing Address				
Malling Address 21-23 VOSS STREE	ΞΤ			
City LONDON	State ENGLAND	ZIP E.	2 6HP	GREAT BRITAIN
Name of Additional Joint Inventor, if any:		☐ A petition		for this unsigned inventor
Given Name (first and middle	∍ [if any])		Fai	mily Name or Surname
Inventor's Signature				Date
Residence: City	State	Country		Citizenship
Mailing Address				1
Mailing Address				
City	tate	Zip		Country
Name of Additional Joint Inventor, if any:		☐ A petitic		or this unsigned inventor
Given Name (first and middle [if any])			nily Name or Surname	
		<u> </u>		
Inventor's Signature	_			Date
Residence: City	State	Country		Citizenship
Mailing Address				
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SIGNATURE of Assignee of Record The dividual whose significate and title is supplied below is authorized to act on behalf of the assignee						
Signature Date 14 January 2005						
Name	Michael E. Marion			Telephone (914)	333-9637	
Title	Authorized Represent	ative				

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Appli	cat	ion No./Patent No.:	CONCURRENTL	Y	Filed/Issue Date:	CONCURRENTLY	
Entitle	ed:	MAGNETIC E	LECTRICAL INTE	RC	ONNECT	·	
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Date	e:	30 January 2006			Respectfully subject	fted///	
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			-		Michael E. MAF	RION, Reg. No. 32,266	
					Attorney Tel: (914) 333-	·9619	